

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	TH	953	07-03-01
<b>RESPONSE FORMALITY REVIEW</b>	TH	1091	01-18-02

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/22/01
2			6/3/02
3	✓		2/9/01
4	✓		
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If more than 150 claims or 10 actions  
staple additional sheet here

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01/18/02